

**Youth Rugby Program**  
**REGISTRATION FORM**

**\*\*\*ALEXANDRIA CITY RESIDENTS ONLY!\*\*\***

YOUTH SPORTS  
1108 JEFFERSON STREET  
ALEXANDRIA, VIRGINIA 22314  
703.746.5402

**\*\$30.00/child Birth certificates must accompany registration form \***  
**Agess 6 – 14 years old (Age as of January 1, 2011)**

**\* A COMPLETED REGISTRATION FORM WITH PAYMENT WILL SECURE PROGRAM  
ENROLLMENT. MAKE CHECKS/MONEY ORDERS OUT TO THE CITY OF ALEXANDRIA**

**MEDICAL INSURANCE**

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE  
EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE  
FAMILY MEDICAL INSURANCE MUST BE USED.

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PARTICIPANT'S NAME\_\_\_\_\_

NON-CONTACT RUGBY\_\_\_\_\_ TACKLE RUGBY\_\_\_\_\_ (Check One)

DOB\_\_\_\_\_ AGE \_\_\_\_\_ GRADE\_\_\_\_\_

ADDRESS\_\_\_\_\_ CITY\_\_\_\_\_

STATE\_\_\_\_\_ ZIP CODE\_\_\_\_\_ HOME #\_\_\_\_\_

WORK #\_\_\_\_\_ SCHOOL\_\_\_\_\_

SHIRT SIZE\_\_\_\_\_ E-MAIL\_\_\_\_\_

**WAIVER FORM**

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL  
ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING \_\_\_\_\_ TO  
PARTICIPATE IN THE **RUGBY** PROGRAM, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO  
SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE  
DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND  
EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR  
ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY  
THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM. PER THE CITY OF  
ALEXANDRIA POLICIES, REGISTRATION INFORMATION OF EACH PARTICIPANT IS PROVIDED TO THE  
ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES (ADRPCA) FOR RECREATION  
DEPARTMENT PROGRAMS ONLY.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
DATE